| PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004   |  |  |  |                                      |                          |                                 |     |                     | Application or Docket Number |          |                     |                        |
|--|--|--|--|--------------------------------------|--------------------------|---------------------------------|-----|---------------------|------------------------------|----------|---------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 1)                           |  |  |  |                                      |                          | Column 2)                       |     | SMALL ENT<br>TYPE   | π                            | OR       | OTHER<br>SMALL E    |                        |
| U.S.   | NATIONAL S                                     | STAGE FEES   |  |                                      |                          |                                 |     | RATE                | FEE                          |          | RATE"               | FEE                    |
| BASIC FEE  |  |  | SMALL ENT. = \$ 150  |                                      | LARG                     | E ENT. = \$ 300                 |     | BASIC FEE           |                              | OR       | BASIC FEE           |                        |
| EXAMINATION FEE  |  |  |  | PCT Article 33(1)-<br>\$ 50 / \$ 100 |                          | ner situations = 100 / \$ 200   |     | EXAM FEE            |                              |          | EXAM. FEE           |                        |
| SEARCH FEE   |  |  | U.S. is ISA = \$50 / \$100<br>ALL other countries =<br>\$200 / \$400 |                                      |                          | ther situations = 250 / \$ 500  |     | SEARCH FEE          |                              | <b>.</b> | SEARCH FEE          |                        |
| FEE FOR EXTRA SPEC. PGS.   |  |  | minu   | s 100 =                              |                          | / 50 =                          |     | X \$ 125 =          |                              |          | X \$ 250 =          |                        |
| TOTAL CHARGEABLE CLAIMS  |  |  | , nin  | บร 20 =                              | •                        |                                 |     | X \$ 25 =           |                              | OR       | X \$ 50 =           |                        |
| INDEPENDENT CLAIMS   |  |  | mi   | nus 3 =                              | •                        | ·                               | , [ | X \$ 100 =          |                              | OR       | X \$ 200 =          |                        |
| MUL  | TIPLE DEPENI                                   | DENT CLAIM PRE   | SENT   |                                      | •                        |                                 |     | + \$ 180 =          |                              | OR       | + \$ 360 =          |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |  |  |  |                                      |                          |                                 | •   | TOTAL               |                              | OR       | TOTAL               |                        |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)             |  |  |  |                                      |                          |                                 | /   | SMALL E             | NTITY                        | OR       | OTHER<br>SMALL E    |                        |
| πA   |  | CLAIMS REMAINING AFTER AMENDMENT   |  | HIGH<br>NUM<br>PREVIO<br>PAID        | BER<br>DUSLY             | PRESENT<br>EXTRA                |     | RATE                | ADDI-<br>TIONAL<br>FEE       | ·        | RATE                | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT  | Total  | - 118  | Minus *  | ••//                                 | 9                        | =                               |     | X \$ 25 =           |                              | OR       | X \$ 50 =           |                        |
| AMEN   | Independent                                    | :5   | Minus  | <del>"</del> 5                       | <b>-</b> /               |                                 | •   | X \$ 100 =          |                              | OR       | X \$ 200 =          |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |  |                                      |                          |                                 |     | + \$ 180 =          |                              | OR       | + \$ 360 =          |                        |
|  |  |  |  |                                      | •                        |                                 | _   | TOTAL ADDIT.<br>FFF |                              | OR       | TOTAL ADDIT.<br>FFF |                        |
|  |  | (Column 1)   |  | (Colur                               | nn 2)                    | (Column 3)                      |     |                     |                              |          |                     |                        |
| TB.  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT  |  | RIGH<br>NUMI<br>PREVIC<br>PAID       | BER<br>DUSLY             | PRESENT<br>EXTRA                |     | RATE                | ADDI-<br>TIONAL<br>FEE       |          | RATE                | ADDI-<br>TIONAL<br>FEE |
| DME  | Total  | •  | Minus  | **                                   | . •                      | =                               |     | X \$ 25 =           |                              | OR       | X \$ 50 =           |                        |
| AMENDMENT  | Independent                                    | •  | Minus  | ***                                  | 4                        | =                               |     | X \$ 100 =          |                              | OR       | X \$ 200 =          |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |  |                                      |                          |                                 |     | + \$ 180 =          |                              | OR       | + \$ 360 =          |                        |
|  |  |  |  |                                      |                          |                                 | _   | TOTAL ADDIT.<br>FFF |                              | OR       | TOTAL ADDIT.        |                        |
| ***  | If the "Highest Nu<br>If the "Highest Nu       | imn 1 is less than the<br>imber Previously Pai<br>imber Previously Pal<br>mber Previously Paid | d For IN THIS SP.<br>d For IN THIS SP.                               | ACE is les<br>ACE is les             | s than '20<br>s than '3' | 0", enter "20".<br>, enter "3". |     |                     |                              |          |                     |                        |